

Executive summary 2016

The University of Tasmania, School of Medicine is seeking reaccreditation of its medical program. The School offers a five-year Bachelor of Medicine/Bachelor of Surgery (MBBS) program. The medical program has 120 students per cohort, with 75% school leaver and 25% graduate or transfer students.

Years 1 and 2 are predominantly medical science based with introductory clinical skills, Year 3 blends an academic program with ward-based practice, and Years 4 and 5 include clinical attachments and scheduled teaching. The program comprises four domains: Science and Scholarship, Clinical Practice, Health and Society, and Professionalism and Leadership. Years 1 to 3 are delivered primarily at the Medical Sciences Precinct in Hobart's city centre, and Years 4 and 5 are based at one of three clinical schools in Hobart, Launceston or the Rural Clinical School in the north-west of Tasmania.

Accreditation process

According to the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015*, accredited medical education providers may seek reaccreditation when their accreditation is due to expire. The accreditation of the University of Tasmania, School of Medicine five-year MBBS program expires on 31 December 2016.

Accreditation is based on the medical program demonstrating that it satisfies the accreditation standards for primary medical education. The provider prepares a submission for reaccreditation. An AMC team assesses the submission and visits the provider and its clinical teaching sites.

An AMC team completed the reaccreditation assessment. It reviewed the School's submission and the Tasmanian University Medical Students' Society report, and visited the School and associated clinical teaching sites in the week of 9 – 13 May 2016.

This report presents the AMC's findings against the *Standards for Assessment and Accreditation of Primary Medical Programs by the Australian Medical Council 2012*.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may accredit a medical program if it is reasonably satisfied that the program of study and the education provider that provides it meet the accreditation standards. The AMC may also grant accreditation if the program of study and the education provider substantially meet the accreditation standards, and imposing accreditation conditions will lead to the program meeting the standards within a reasonable time.

Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

Reaccreditation of established education providers and programs of study

In accordance with the *Procedures for Assessment and Accreditation of Medical Schools by the Australian Medical Council 2015*, section 5.1, the accreditation options are:

- i. Accreditation for a period of six years subject to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- ii. Accreditation for six years subject to certain conditions being addressed within a specified period and to satisfactory progress reports. In the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC may grant a further period of accreditation, up to a maximum of four years, before a new accreditation review.
- iii. Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine the program satisfies the accreditation standards, the AMC may award accreditation with conditions and for a period of less than six years. By the conclusion of this period the AMC will conduct a follow-up review.
- iv. Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards.

The AMC is satisfied that the University of Tasmania, School of Medicine's medical program substantially meets the approved accreditation standards.

The 20 October 2016 meeting of the AMC Directors agreed:

- i. That the five-year Bachelor of Medicine/Bachelor of Surgery (MBBS) medical program of the University of Tasmania, School of Medicine be granted accreditation to **31 March 2023**;
- ii. That accreditation of the program is subject to meeting the monitoring requirements of the AMC, including satisfactory progress reports; and to the following conditions:

2017 conditions:

- Demonstrate that the medical program's revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders (Standard 1.1.1).
- Define the function of the Assessment Committee showing how it interacts with the Academic Progress Review Committee; and define the Clinical Disciplines Committee's interaction with the Clinical Training Committee (Standard 1.1.1).
- Provide finalised terms of reference and membership for the Clinical Disciplines Committee, Academic Progress Review Committee and the Medicine Stakeholder Engagement Advisory Group (Standard 1.1.2).
- Provide evidence of stakeholder consultation on the program's purpose, curriculum, graduate outcomes and governance via the Medicine Stakeholder Engagement Advisory Group, and the mechanism by which this consultation informs the program (Standard 1.1.3).
- Demonstrate clearly defined arrangements for the academic head of the medical program from 2017 onwards (Standard 1.2).
- Demonstrate that the revised curriculum governance structure is effective, by providing details regarding how curriculum developments are led, consulted on, piloted, ratified, implemented and evaluated (Standard 1.3.1).
- Provide evidence of a formal agreement with the Tasmanian Health Service that proves a partnership to promote medical education and training, addressing the governance framework for management of the relationships in committees and individual roles, and the operational aspects such as clinical placement agreements, conjoint appointments, staff development and conflict resolution processes (Standard 1.6.1).
- Develop an engagement strategy to promote medical education and training in Indigenous health that is informed by Indigenous people (Standard 1.6.2).
- Provide evidence that there are appropriate senior discipline leads to deliver the medical program, specifically in paediatrics, obstetrics and gynaecology, Indigenous health, general practice, professionalism and ethics (Standard 1.8).
- Demonstrate that appointment and promotion policies balance teaching, research and service functions to maintain adequate program delivery (Standard 1.9).
- Include the program's purpose in program communications and materials, such as an overarching program guidebook for students and staff containing the purpose and overall curriculum view (Standard 2.1).

- Provide evidence that AMC Graduate Outcome Statement 4.1 applies within the program (Standard 2.2).
- Demonstrate plans and progress in the alignment of discipline specific curriculum content and assessment across the clinical sites (Standards 2.2 and 3.2).
- Provide evidence of comparable achievement of outcomes across sites in the major clinical disciplines, by comparing results in clinical, written and portfolio assessments (Standard 2.2).
- Develop an overarching curriculum framework that:
 - Demonstrates a mechanism to illustrate improved vertical integration of domain content in the curriculum, and consistent associated unit-level outcomes, such as a curriculum / outcome map (Standard 3.3).
 - Defines the place of case-based learning within the curriculum (Standard 3.3).
 - Develops a framework for the Indigenous health curriculum to ensure students receive a cohesive experience in Indigenous health across the curriculum (Standard 3.5).
- As part of the overarching curriculum framework, embed interprofessional learning in the program's curriculum for all students and allocate appropriate resources to ensure its sustainability (Standard 4.7).
- Provide evidence that the Wilkinson Review recommendations have been addressed, and provide details regarding any changes to the program's assessment philosophy and processes (Standards 5.1 and 5.4).
- Document the formal process used to align learning outcomes to assessments (Standard 5.1).
- Provide details regarding the relationships and functions of the Academic Progress Review Committee, including any criteria and progression rules used in its decision-making process (Standard 5.1).
- Develop assessment blueprints for each year or phase of the program (Standard 5.2.2).
- Implement standard setting models for Years 1 to 3, and evaluate the standard setting methods used in Years 4 and 5 (Standard 5.2.3).
- Provide evidence that information regarding student cohort performance is available for consideration by the relevant year committees and the Tasmanian Medical Program Committee, and that student cohort performance feedback is disseminated to supervisors and teachers (Standard 5.3.3).

- Demonstrate standardised processes to ensure consistency of summative and formative clinical assessments across clinical sites and ongoing quality assurance (Standard 5.4.2).
- Develop and implement a comprehensive program evaluation framework, and show how this links into the governance structure of the medical program (Standard 6.1).
- Formalise a systematic approach to evaluating the performance of cohorts of students and graduates in relation to the outcomes of the medical program (Standard 6.2).
- Formalise the process of making evaluation results available to stakeholders and considering their views in renewal of the program (Standard 6.3).
- Formalise and publicise support processes for recruitment and retention of future Aboriginal and Torres Strait Islander students (Standard 7.2).
- Confirm student representation on the program committees (Standard 7.5).

Key findings of the AMC's 2016 accreditation assessment of the University of Tasmania, School of Medicine medical program

1. The context of the medical program	Substantially met
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Standards 1.1, 1.2, 1.3, 1.8 and 1.9 are substantially met; Standard 1.6 is not met.

2017 conditions

Demonstrate that the medical program's revised governance structures and functions are operating in a timely and effective manner and are understood by staff and stakeholders (Standard 1.1.1).

Define the function of the Assessment Committee showing how it interacts with the Academic Progress Review Committee; and define the Clinical Disciplines Committee's interaction with the Clinical Training Committee (Standard 1.1.1).

Provide finalised terms of reference and membership for the Clinical Disciplines Committee, Academic Progress Review Committee and the Medicine Stakeholder Engagement Advisory Group (Standard 1.1.2).

Provide evidence of stakeholder consultation on the program's purpose, curriculum, graduate outcomes and governance via the Medicine Stakeholder Engagement Advisory Group, and the mechanism by which this consultation informs the program (Standard 1.1.3).

Demonstrate clearly defined arrangements for the academic head of the medical program from 2017 onwards (Standard 1.2).

Demonstrate that the revised curriculum governance structure is effective, by providing details regarding how curriculum developments are led, consulted on, piloted, ratified, implemented and evaluated (Standard 1.3.1).

Provide evidence of a formal agreement with the Tasmanian Health Service that proves a partnership to promote medical education and training, addressing the governance framework for management of the relationships in committees and individual roles, and the operational aspects such as clinical placement agreements, conjoint appointments, staff development and conflict resolution processes (Standard 1.6.1).

Develop an engagement strategy to promote medical education and training in Indigenous health that is informed by Indigenous people (Standard 1.6.2).

Provide evidence that there are appropriate senior discipline leads to deliver the medical program, specifically in paediatrics, obstetrics and gynaecology, Indigenous health, general practice, professionalism and ethics (Standard 1.8).

Demonstrate that appointment and promotion policies balance teaching, research and service functions to maintain adequate program delivery (Standard 1.9).

Commendations

In the context of significant change, the strong School and program leadership to build academic staff engagement in the program, and the quality of the program across the School and its sites (Standard 1).

The commitment to medical education research demonstrated by key academic staff that informs teaching and learning in the program (Standard 1.7).

Recommendations for improvement

Include Indigenous community representation on the Medicine Stakeholder Engagement Advisory Group (Standard 1.1).

Clarify the process and reporting lines between the Tasmanian Medical Program Committee and the School Learning and Teaching Committee (Standard 1.3).

Clarify the relationship between the Menzies Institute and the medical program, and define a formal agreement regarding the role of Menzies in informing teaching and learning in the medical program (Standard 1.7).

Demonstrate sustained efforts to actively recruit academic and professional Indigenous staff (Standard 1.8).

Ensure psychometric expertise is available to support the assessment processes, given the absence of the Medical Education Unit and the program's dispersed educational expertise (Standard 1.8).

2. The outcomes of the medical program	Substantially met
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Standard 2.1 is substantially met and Standard 2.2 is not met.

2017 conditions

Include the program's purpose in program communications and materials, such as an overarching program guidebook for students and staff containing the purpose and overall curriculum view (Standard 2.1).

Provide evidence that AMC Graduate Outcome Statement 4.1 applies within the program (Standard 2.2).

Demonstrate plans and progress in the alignment of discipline specific curriculum content and assessment across the clinical sites (Standards 2.2 and 3.2).

Provide evidence of comparable achievement of outcomes across sites in the major clinical disciplines, by comparing results in clinical, written and portfolio assessments (Standard 2.2).

Commendation

The clinicians' enthusiasm for medical student education which emphasises the goal to attract graduates back to their local areas to enhance the local health services (Standard 2.1).

Recommendation for improvement

Identify local strengths, needs and priorities through consultation with stakeholders and reflect these in the program's outcome statements (Standard 2.2).

3. The medical curriculum	Met
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Standards 3.3 and 3.5 are substantially met.

2017 conditions

Develop an overarching curriculum framework that:

- Demonstrates a mechanism to illustrate improved vertical integration of domain content in the curriculum, and consistent associated unit-level outcomes, such as a curriculum / outcome map (Standard 3.3).
- Defines the place of case-based learning within the curriculum (Standard 3.3).
- Develops a framework for the Indigenous health curriculum to ensure students receive a cohesive experience in Indigenous health across the curriculum (Standard 3.5).

Commendation

The breadth of opportunity for students in additional study, international placements, electives and extracurricular activities; and the leadership of these activities within the program (Standard 3.6).

Recommendations for improvement

Strengthen the vertical development of clinical skills in the program in line with the Brazil Review (Standard 3.3).

Confirm the purpose, feasibility and resourcing of the proposed curriculum database, together with the timeline for availability of a curriculum database to staff and students (Standard 3.4).

4. Teaching and learning	Met
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Standard 4.7 is substantially met.

2017 condition

As part of the overarching curriculum framework, embed interprofessional learning in the program's curriculum for all students and allocate appropriate resources to ensure its sustainability (Standard 4.7).

Commendations

The diversity of learning and teaching methods employed to engage and facilitate students' learning (Standard 4.1).

The longitudinal Kids and Families Program from Year 1 to 3 and the Years 4 and 5 patient-centred Patient Partner Program (P3) provided at all sites (Standard 4.1).

The School's positive role modelling of professional behaviours (Standard 4.5).

Recommendations for improvement

Offer refresher tutor training and additional communication to tutors and students in the delivery of CBL, DOCES and other structured learning activities across sites (Standard 4.1).

Advocate for and implement technology-enhanced learning and ensure adequate and appropriate staff and resourcing to support planned initiatives (Standard 4.1 and 1.8).

Improve communication to Years 1 to 3 students about the requirements of the portfolio and the benefits of early engagement for their development as reflective learners (Standard 4.2).

5. The curriculum - assessment of student learning	Substantially met
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Standards 5.1 to 5.4 are substantially met.

2017 conditions

Provide evidence that the Wilkinson Review recommendations have been addressed, and provide details regarding any changes to the program's assessment philosophy and processes (Standards 5.1 and 5.4).

Document the formal process used to align learning outcomes to assessments (Standard 5.1).

Provide details regarding the relationships and functions of the Academic Progress Review Committee, including any criteria and progression rules used in its decision-making process (Standard 5.1).

Develop assessment blueprints for each year or phase of the program (Standard 5.2.2).

Implement standard setting models for Years 1 to 3, and evaluate the standard setting methods used in Years 4 and 5 (Standard 5.2.3).

Provide evidence that information regarding student cohort performance is available for consideration by the relevant year committees and the Tasmanian Medical Program Committee, and that student cohort performance feedback is disseminated to supervisors and teachers (Standard 5.3.3).

Demonstrate standardised processes to ensure consistency of summative and formative clinical assessments across clinical sites and ongoing quality assurance (Standard 5.4.2).

Commendation

The comprehensive mechanisms for identification of students in difficulty, and the implementation of well-coordinated and multipronged remediation (Standard 5.3.1).

Recommendation for improvement

Develop a consistent feedback policy for summative and formative assessments (Standard 5.3.2).

6. The curriculum - monitoring	Substantially met
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Standard 6.1 and 6.3 are substantially met, and Standard 6.2 is not met.

2017 conditions

Develop and implement a comprehensive program evaluation framework, and show how this links into the governance structure of the medical program (Standard 6.1).

Formalise a systematic approach to evaluating the performance of cohorts of students and graduates in relation to the outcomes of the medical program (Standard 6.2).

Formalise the process of making evaluation results available to stakeholders and considering their views in renewal of the program (Standard 6.3).

Commendation

The plans for a systematic approach to evaluation that will monitor the considerable efforts that are going into program and governance development (Standard 6.1).

7. Implementing the curriculum – students	Met
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Standards 7.2 and 7.5 are substantially met.

2017 conditions

Formalise and publicise support processes for recruitment and retention of future Aboriginal and Torres Strait Islander students (Standard 7.2).

Confirm student representation on the program committees (Standard 7.5).

Commendations

The School's success in increasing the proportion of rural-origin students entering the program (Standard 7.1.2).

The comprehensive set of student supports available, and the functional and effective set of mechanisms for identifying and managing students at risk (Standard 7.3).

The professionalism and fitness to practise policies and procedures that are well-constructed, and are practical and effective in terms of implementation (Standard 7.4).

8. Implementing the curriculum- learning environment	Met
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All standards are met.

Commendations

The excellent physical facilities available to students and staff at Launceston Clinical School and the Rural Clinical School (Standard 8.1).

The rural clinical placement experiences provided to all students in each year of the program, particularly the longitudinal healthcare experience for 40 Year 4 students at the Rural Clinical School (Standard 8.3).

The strong teaching culture observed across the clinical sites, and the enthusiasm and commitment of the clinical teachers whose contributions are valued by the students (Standard 8.4).

Recommendations for improvement

Delineate a clear mechanism to define space priorities at the Hobart Clinical School (Standard 8.1).

Develop a solution to extend MyLO student access in the clinical years across clinical sites (Standard 8.2).

Consolidate orientation materials and resources provided to clinical teachers across the clinical sites (Standard 8.4).

Strengthen recognition and celebration of clinical teaching contributions (Standard 8.4).